

**TMA**

**Uniform  
Business**

**S**

# **Office New Billing Forms – The UB-04 and New CMS 1500**

**Presented by the  
TMA Uniform Business Office  
Support Team**

# Objectives

By the end of this class, participants will:

- ❖ Understand the new requirements for the new UB-04 claim form including new fields, modified fields and NPI.
- ❖ A refresher on why field locators are filled in and why the payer requires them
- ❖ Understand the new requirements for the CMS1500 claim form including NPI
- ❖ Briefly address TPOCS changes for new billing form

# Uniform Bill Implementation

- ❖ The UB-92 was formed and fully implemented in 1994
- ❖ The UB-04 was approved as the replacement for the UB-92 at the February 2005 meeting
- ❖ Health plans and clearing houses need to be ready to receive the new UB-04 by March 1, 2007.
- ❖ Submitters can begin to use the UB-04 on March 1, 2007
- ❖ There is a transitional period between March 1, 2007 and May 22, 2007, where both forms (UB-92 or UB-04) can be used
- ❖ Starting May 23, 2007, all institutional paper claims must use the UB-04. The UB-92 will no longer be available for use after this date

# **UB-04**

## **Differences**

### Standardization:

- ❖ All Form Locators (FL) will be Nationally “controlled”
- ❖ All Code Ranges will be reserved for National assignment
- ❖ The UB-04 Data Specs will be the principle content used in the HIPAA Electronic format
- ❖ The UB-04 is designed to accept the forthcoming ICD-9-CM changes and support both National Payer and Provider ID #'s
- ❖ A National UB-04 manual is now available and published with hyperlinks developed that tie to individual State Uniform Billing Manuals

# FL 01

1 <b>Provider Name</b>											
<b>Provider Address</b>											
<b>Provider City</b>				<b>State</b>			<b>Zip</b>				
<b>Provider Telephone</b>				<b>Fax</b>			<b>CC</b>				
8 PATIENT NAME				a					9 PATIENT		
b									b		
10 BIRTHDATE			11 SEX	12	DATE	ADMISSION	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT

## ***FL 01: Provider Information***

*Required.*

*The name and service location of the provider submitting the bill*

# FL 02

2 Pay-to Name																													
Pay-to Address																													
Pay-to City										State					Zip					TAX NO.									
Reserved for Assignment by NUBC																													
9 PATIENT ADDRESS										a																			
b																													
SSION										CONDITION CODES																			
HR 14 TYPE 15 SRC										16 DHR 17 STAT										18 19 20 21 22 23 24 25									

## ***FL 02: Pay-to Information***

*New Field - Situational*

*Used when the pay-to name and address information is different than the Billing Provider in FL1. Can only identify a 5-digit zip code. Line 4 is not used and reserved for assignment by NUBC.*

# FL 03

3a PAT. CNTL #	Patient Control Number											
b. MED. REC. #	Medical Record Number											
5 FED. TAX NO.		STATEMENT COVER PERIOD		FROM		THROUGH						
										c	d	e
CONDITION CODES										29 ACDT STATE		30
21	22	23	24	25	26	27	28					

## ***FL 03a-b: Patient Control Number & Medical Record Number***

***Required. Moved/New Field  
Previously in FL 23***

# FL 08

8 PATIENT NAME				a	Patient Identifier						SS				
b				Patient Name											
10 BIRTHDATE			11 SEX	12 DATE		13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18	19			
31 CODE		OCCURRENCE DATE		32 CODE		OCCURRENCE DATE		33 CODE		OCCURRENCE DATE		34 CODE		OCCURRENCE DATE	
a				b				a				b			
b															

## ***FL 08a: Patient Identifier***

*Required.*

*Report if number is different from the subscriber/insured's ID (FL60)*

## ***FL 08b: Patient Name***

*Required.*

*On the paper form, use a comma or space to separate last and first names. Record hyphenated names with the hyphen as in Smith-Jones, Rebecca.*



# FL 29 & 30

				c	d	e
CODES				29 ACCT	30	
24	25	26	27	STATE		
SPAN		36	OCCURRENCE		37	
THROUGH		CODE	FROM	THROUGH		
						a

## **FL 29: Accident State** **New Field**

*Situational Field*

*Required when the services reported on this claim are related to an auto accident and the accident occurred in a country or location that has a state, province, or sub-country code named in X12 code source 22.*

## **FL 30: Unlabeled**

*Not used*

*Reserved for assignment by NUBC*

# FL 42-45

**FL 42** (lines 1-23)

**Revenue Code:** Required

**FL 43** (lines 1-22)

**Revenue Code**

**Description:** Required

**FL 43** (line 23)

**Page \_\_\_ of \_\_\_:** Required.  
Previously inside the Charge  
Body of the UB-92 Form.  
Required on all pages.

**FL 44** (lines 1-22)

**HCPCS/Rates/HIPPS Rate**

**Codes:** Situational Expanded  
by 5 Digits - 1 HCPCS and 4  
modifiers.

**FL 44-45** (line 23)

**Creation Date:** Required  
**New Field**

**FL 45** (lines 1-22)

**Service Date:** Situational  
(Required on OP Claims)

42 REV. CD.	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	
1				JN1S
2				
3				
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15				
16				
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19				
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21				
22				
23	PAGE ___ OF ___		CREATION DATE	LS
50 PAYER NAME		51 HEALTH PLAN ID	52 PIEL INFO	53 ABIL GEN.
			54 PRIOR PAYMENTS	55 EST. AMOL

# FL 50-52

21			
22			
23		<b>PAGE</b>	<b>OF</b>
			<b>CREATION DATE</b>
	50 PAYER NAME	51 HEALTH PLAN ID	32 REL INFO
	58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID
A			
B			

## **FL 50:**

**a. Payer Name: Prime, b. Payer Name: Secondary, c. Payer Name: Tertiary**

*Line A is required, Lines B & C are situational (FL 50 and FL 51)*

## **FL 51: Health Plan ID (a,b,c)**

*Situational.*

*Report to HIPAA national health plan identifier when it becomes mandatory.*

## **FL 32: Release of Information (a,b,c)**

*Required.*

# FL 55-57

					21
					22
		<b>TOTALS</b>			23
54 PRIOR PAYM	55 EST. AMOUNT DUE	56 NPI			
		57			
		OTHER			
		PRV ID			
	61 GROUP NAME	62 INSURANCE GROUP NO.			
			A		

## ***FL 55: Estimated Amount Due***

*Situational. Primary, Secondary and Tertiary.  
Eliminated the "Due From Patient Field" from the UB-04.*

## ***FL 56: National Provider ID***

*Situational.*

## ***FL 57: Other Provider ID***

*Situational. Primary, Secondary and Tertiary.*

# FL 66-68

B										C									
66 DX										68									
67										68									
A										B									
J										K									
L										M									
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YD										YD									
YE										YE									
YF																			

# FL 76-79

72						73
75	76 ATTENDING	NPI	QUAL			
	LAST		FIRST			
	77 OPERATING	NPI	QUAL			
	LAST		FIRST			
	78 OTHER	NPI	QUAL			
	LAST		FIRST			
	79 OTHER	NPI	QUAL			
	LAST		FIRST			
3257						

***FL 76: (1) Attending - NPI/QUAL/ID  
(2) Last/First Name***

*All Situational*

***FL 77: (1) Operating - NPI/QUAL/ID  
(2) Last/First Name***

***FL 78 & 79: (1) Other ID - NPI/QUAL/ID  
(2) Last/First Name***

# FL 80 & 81

c. OTHER PROCEDURE CODE DATE		d. OTHER PROCEDURE CODE DATE		e. OTHER PROCEDURE CODE DATE		LAST 77 OPERA LAST	
80 REMARKS				81CC			
				a			R
				b			
				c			R
				d			

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## ***FL 80: Remarks***

*Situational.  
Reduced Field Size.*

## ***FL 81a-d: Code-Code QUAL/CODE/VALUE***

*New Field.*

*See Qualifiers on next page. FL 79 on the UB-92, "Procedural Coding Method Used", has been eliminated from the UB-04.*

*UB-92 Form Locators 85 "Provider Rep Signature" and Form Locator 86 "Date Bill Submitted" have been*


*eliminated from the UB-04*

March 2007 "Helping Frontline Users Perform Their

# TPOCS

- Technical Update
- Timeline for Testing





**CMS-1500**

# Revised CMS-1500 Overview

Although many providers now submit electronic claims, many of their software/hardware systems depend on the existing 1500 Claim Form in its current image. Minor changes have been made to the form in order to accommodate the National Provider Identifier (NPI) as well as current identifiers for a transition period until the NPI is implemented.

In addition to modifying the 1500 form the National Uniform Claim Committee drafted a reference instruction manual detailing on how to complete the form. The updated 1500 manual, Version 2.0 1/07 is currently available at <http://www.nucc.org/>.

March 2007 "Helping Frontline Users Perform Their

# CMS-1500 Billing Form Requirements

## CMS-1500 Billing Form

CMS-1500 billing form has **33 Items** or data fields. There are **21** items that are required to have data elements in the field.

- ✓ **Required Data Elements** are data elements that **must** be entered on the billing form.
- ✓ **Conditional Data Elements** are data elements that **are dependent** on other data before it is required.
- ✓ Data Fields identified as **Blank** do not require data

# Claim Form Formats and Versions

*There are presently two versions of the Form CMS-1500 (12-90 and 08-05) version.*

❖ ***The current version CMS-1500 form with the numbers (12-90) RRB-1500 in the lower right corner and four black alignment bars in the upper left corner***

❖ ***The revised version\* CMS-1500 form the 1500 symbol and the approval date (08/05) located in the upper left margin***

***\*Use of the Form CMS-1500 (08-05) will be effective 1 January 2007, but will not be mandatory until 2 April 2007.***

❖ ***NOTE:*** *There will be a period of time where both March 2007 “Helping Frontline Users Perform Their*

# CMS-1500 Version Implementation Timeline

## **2 January 2007 - 30 March 2007**

Providers can use either the current Form CMS-1500 (12-90) version or the revised Form CMS-1500 (08-05) version. Note: Health plans, clearinghouses, and other information support vendors should be able to handle and accept the revised Form CMS-1500 (08-05) by January 2, 2007.

## **April 2, 2007**

The current Form CMS-1500 (12-90) version of the claim form is discontinued; only the revised Form CMS-1500 (08-05) is to be used.

**Note:** All rebilling of claims should use the revised Form CMS-1500 (08-05) from this date forward, even though earlier submissions may have been on the current Form CMS-1500 (12-90).

March 2007 "Helping Frontline Users Perform Their

# CMS-1500 - Current Version (12-90)

PLEASE  
DO NOT  
STAPLE  
IN THIS  
AREA



Four (4)  
Bars

HEALTH INSURANCE CLAIM FORM											
<div><div><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PICA</div><div><div>1. MEDICARE</div><div>MEDICAID</div><div>CHAMPUS</div><div>CHAMPVA</div><div>GROUP HEALTH PLAN (SSN or ID)</div><div>FECA BLK LUNG (SSN)</div><div>OTHER</div></div><div><div><input type="checkbox"/> (Medicare #)</div><div><input type="checkbox"/> (Medicaid #)</div><div><input type="checkbox"/> (Sponsor's SSN)</div><div><input type="checkbox"/> (VA File #)</div><div><input type="checkbox"/> (SSN or ID)</div><div><input type="checkbox"/> (ID)</div></div></div>										1a. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)					
5. PATIENT'S ADDRESS (No., Street)  CITY  STATE  ZIP CODE				6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>  8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>  Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street)  CITY  STATE  ZIP CODE  TELEPHONE (INCLUDE AREA CODE) ( )					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER					
25. FEDERAL TAX I.D. NUMBER SSN EIN <input type="checkbox"/> <input type="checkbox"/>		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO		28. TOTAL CHARGE \$		29. AMOUNT PAID \$		30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)  SIGNED  DATE				32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)				33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #  PIN#  GRP#			

CARRIER INFORMATION

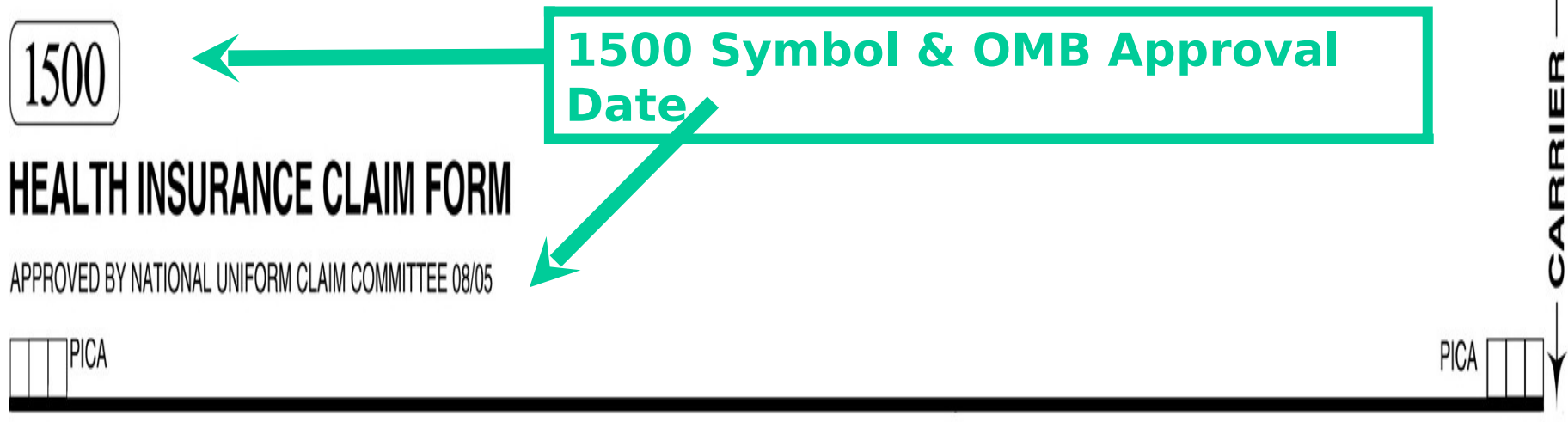
(APPROVED BY AMA COUNCIL ON MEDICAL SERVICE 8/88)

PLEASE PRINT OR TYPE

OMB Approval  
Date

APPROVED OMB-0938-0008 FORM CMS-1500 (12/90), FORM RRB-1500,  
APPROVED OMB-1215-0055 FORM OWCP-1500, APPROVED OMB-0720-0001 (CHAMPUS)

# Revised CMS 1500 (08/05)



# **Revised CMS-1500/Key Changes Referring Physician Information**

## **Referring Physician Information Items 17, 17a, & 17b**



# Revised CMS-1500/Item 17

**Item 17:** Name of Referring Provider or Other Source who referred or ordered the service  
**Conditional Item**

Revised - Title was changed from “Referring Physician” to “Referring Provider”

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE

Note: TPOCS will populate the referring provider information in Items 17, 17a and/or 17b.

# Revised CMS-1500/Item 17a

## Item 17a: Other Id# / Qualifier *Conditional Item*

The Other ID Number of Referring or ordering Provider, The Provider Taxonomy code of the referring provider or ordering provider should be reported in the shaded area. The qualifier (PX- Provider Taxonomy) identifies the type of Other Id being reported in the shaded area and is entered in the qualifier field.

**Revised- This area was shaded and a new field was added to hold the two-digit qualifier for other ID Number.**


Qualifier field	17a.		
	17b.	NPI	

# Revised CMS-1500/Item 17b

**Item 17b:** Provider NPI # *Required* if applicable  
**(New Field)**

NPI Type1 of the referring or ordering provider will appear in this field, if available. If NPI is missing, then the Current Provider ID and/or Tax ID will be reported in Item 17a until the NPI is provided.

**New item - Additional field to accommodate the National Provider Identifier**



17a.		
17b.	NPI	

# Revised CMS-1500/Key Changes - Service Line

## Key Changes Service Line Information Section 24

***Section 24 Revised -To accommodate submission of both the NPI and other Provider Identifier during the NPI transition***

# Revised CMS-1500/Item 24B

## Item 24B: Place of Service *Required*

The place of service code identifies the location of where the service occurred. For DoD, the place of service code **26-Military Treatment Facility** is hard coded in TPOCS for all 1500 claims with the exception of emergency room services.

If the MEPRS code is BIA\*, then place of service code will be **23-Emergency Room**

**Note:** TPOCS will provide the user the option to determine if the encounter is related to ER services. When saving the bill TPOCS will assign the place of service code based on MEPRS code BIA\*.

B. PLACE OF SERVICE
2
3

# Revised CMS-1500/Item 24C

Item Number 24C: EMG *Conditional Item*

This item was originally labeled "Type of Service" and is now the Emergency indicator "EMG". The indicator states whether or not a service(s) is related to an emergency.

For DoD, If MEPRS code is BIA\* and services are emergency related, then Y for "Yes" will appear in the box or if "No" the field will be left blank.

C. EMG
Y

# Revised CMS-1500/Items

## 24I

Item 24I: ID Qualifier **Required**

This field was originally titled "EMG", which is now in Item 24c. This field is now titled "ID Qualifier". The qualifier is used to identify the type of non-NPI number used to represent the provider.

For DoD, the non-NPI number used will be the HIPAA Taxonomy code thus the ID Qualifier-PX will be assigned.

The Provider Taxonomy code of the rendering provider will be reported in the shaded area of Item 24J.

ID Qualifier= PX- Taxonomy code

I. ID. QUAL.
P
NPI
X
NPI
NPI
NPI
NPI
NPI

# Revised CMS-1500/Items 24J

Item 24J: Rendering Provider ID# **Required**

This field was originally title "COB". The original fields 24J and 24k were combined and renumbered and now titled "Rendering Provider ID#".

The Provider  
Taxonomy code  
of the  
rendering  
provider will be  
reported in the  
shaded area.



J. RENDERING PROVIDER ID. #
207P00000X
1123568999



NPI Type 1 of the  
rendering provider  
will be reported in  
the unshaded area.

-



# Revised CMS-1500/Item 24K

## Item 24K: Reserved for local use

**This field was deleted and combined with 24K.**

K
RESERVED FOR LOCAL USE

# **Revised - CMS-1500/ Key Changes Provider Information**

## **Key Changes Provider Information Items 32-33b**

# Revised CMS-1500/Item 32

## Item 32: Service Facility Location **Required**

Address for the Treating/Service Facility will appear in this block. Block 32 will be limited to 78 characters with a three-line template, 26 characters each for address. NOTE: On the print forms, there will now be a limitation of how small you can print on the forms (**10 pitch**). Therefore, item 32 and 33 will be restricted to three lines for the facility and provider address.

32. SERVICE FACILITY LOCATION INFORMATION

**USAFA 10Th Medical Group/SGSBR**

**4102 PINION DR STE 100**

**USAF ACADEMY, CO 80840**

a.


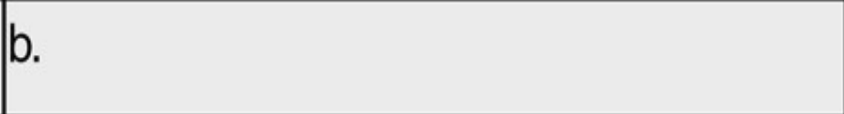
NPI

b.

# CMS-1500/Item 32a

**Item 32a: NPI # Required (New Field)**

**NPI Type 2 of the treating MTF will be reported in this field. The field allows for 10 characters.**

32. SERVICE FACILITY LOCATION INFORMATION	
a. 	b. 

# CMS-1500/Item 32b

## Item 32b- Other ID# **Required** (New Field)

The non-NPI number will be either the Treating Facility Tax ID or HIPAA Taxonomy code preceded by the two-digit qualifier identifying the type of non-NPI number

32. SERVICE FACILITY LOCATION INFORMATION	
a.	b.

# Revised CMS-1500/Items 33a-b

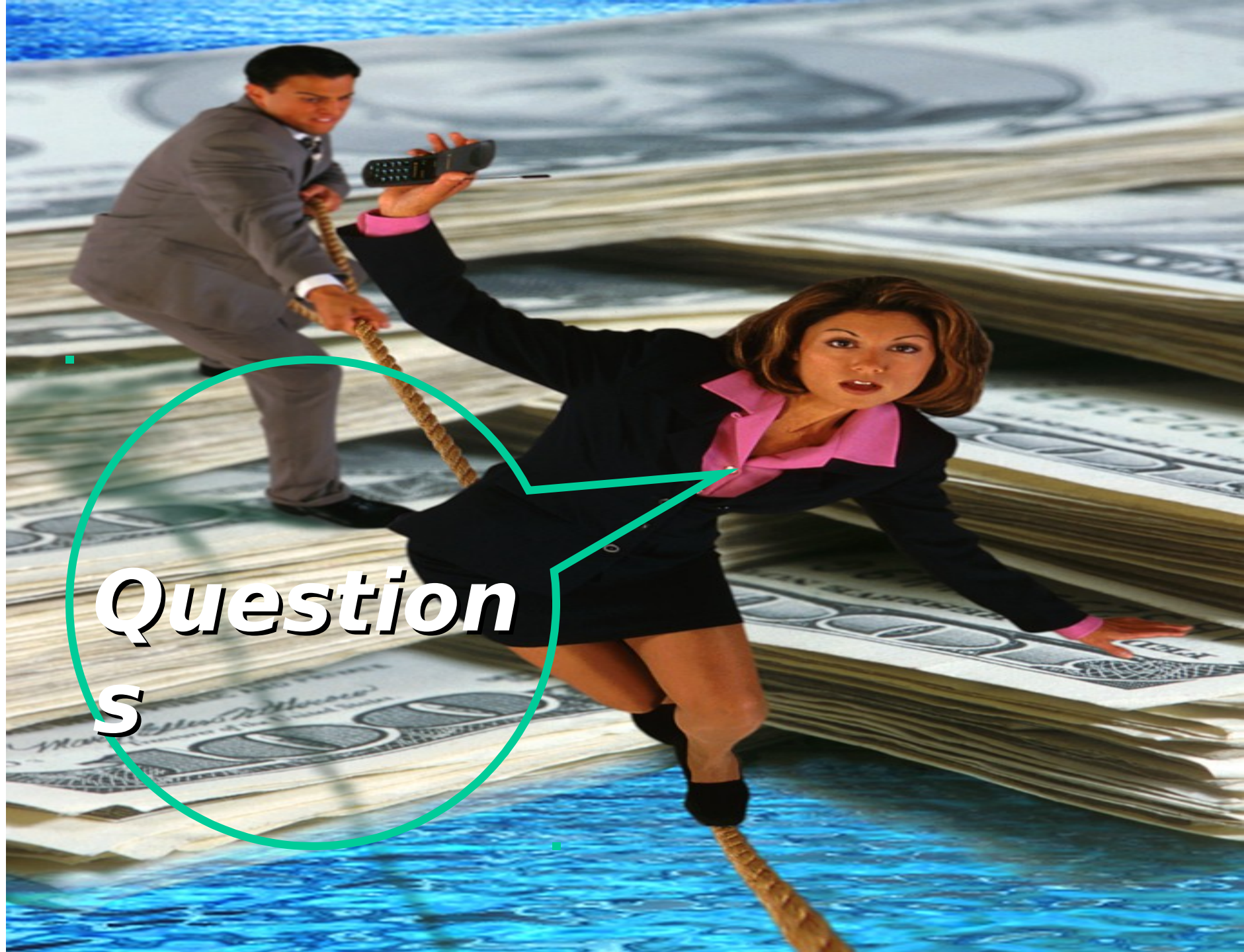
## **Items 33a: NPI # Required (New Field)**

NPI Type 2 of the Billing facility will be reported in this field.

## **Items 33b: Other ID # Required (New Field)**

The qualifier followed by the HIPAA Taxonomy or Billing Facility Tax ID will be reported in this field.

33. BILLING PROVIDER INFO & PH # ( )	
a. NPI	b.



**Questions**